



**Jacksonville Marine
Transportation Exchange, Inc.**

Post Office Box 3171
Jacksonville, Florida 32206-3171
(904) 634-1599

Membership Application

Company Information

Company Name:	
Site Address:	
Mailing Address:	
City, State, Zip:	
Company Telephone:	
Company Fax:	
Web Page:	

Business Type:	<input type="checkbox"/>	Shipping Co.	<input type="checkbox"/>	Terminal Ops	<input type="checkbox"/>	Shipyards/Repair
	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Ship Agency	<input type="checkbox"/>	Cargo Services
	<input type="checkbox"/>	Government	<input type="checkbox"/>	Vendor	<input type="checkbox"/>	Navigation Support
	<input type="checkbox"/>	Towing	<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Legal
	<input type="checkbox"/>	Customs Broker/Freight Forwarder	<input type="checkbox"/>	Other: Specify _____		

Company Representatives

Name:	
Title/Position:	
Telephone:	
Mobile:	
E-Mail:	

Membership

Level	Annual investment	Amount
Corporate Sustaining Membership	\$1,000	
Small/General Business Membership	\$500	
Individual Membership	\$200	

<p align="center">Committee Interest</p> <p>Indicate which Standing Committees you might be interested in serving on:</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Agents & Operators</td> <td><input type="checkbox"/></td> <td>Harbor Safety</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Port Security</td> <td><input type="checkbox"/></td> <td>Marine Environment</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Freight & Trade</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Agents & Operators	<input type="checkbox"/>	Harbor Safety	<input type="checkbox"/>	Port Security	<input type="checkbox"/>	Marine Environment	<input type="checkbox"/>	Freight & Trade	<input type="checkbox"/>		<p>Membership Investment \$ _____</p> <p><input type="checkbox"/> Check enclosed</p> <p><input type="checkbox"/> Please invoice for the indicated membership investment to the company address above.</p>
	<input type="checkbox"/>	Agents & Operators	<input type="checkbox"/>	Harbor Safety									
<input type="checkbox"/>	Port Security	<input type="checkbox"/>	Marine Environment										
<input type="checkbox"/>	Freight & Trade	<input type="checkbox"/>											
	<p>Mail or fax completed application to :</p> <p>JMTX P.O. Box 3171 Jacksonville, FL 32206-3171 Or Fax (904) 634-1593</p>												